



THE ORIENTAL INSURANCE COMPANY LIMITED,

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CIN No. U66010DL1947GOI007158

Arogya Sanjeevani Policy -Oriental

SALES LITERATURE

1. What is Arogya Sanjeevani Policy ?

This is a standard health insurance product with common features to be offered by all health insurers from 1st April 2020 onwards.

2. Who can buy this Policy?

Any person between the ages of 18 to 65 years (both ends inclusive) may buy the policy in respect of self and / or eligible family members.

Maximum entry age under the policy is 65years for all members.

3. What is the term of the policy?

Policy period is one year and is thereafter renewable lifelong.

4. What are the sum insured limits available?

Minimum sum insured is Rs 1 lakh and the maximum sum insured is 20 lakhs.

5. What is the minimum and maximum entry age?

Minimum entry age is 18 years and maximum years is 65 years.

6. Who are the family members who can be covered in this mediclaim policy?

Policy can be availed for the self and following family members:-

- i. His/her legally wedded spouse.
- ii. dependent Children (i.e. natural or legally adopted) between the age 3months to 25 years.
- iii. Parents and Parents-in-law.

7. What is the room rent and ICU charges limit in the policy?

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital /Nursing Home:
 - Upto SI INR 5 Lacs: Up to 2% of the sum insured subject to maximum of Rs. 5000/- per day.
 - SI INR 6, 8, 10 Lacs: Up to 2% of the sum insured subject to maximum of Rs. 10,000/- per day.
 - SI INR 15 & 20 Lacs: Up to 2% of the sum insured subject to maximum of Rs. 20,000/- per day.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses:
 - Upto SI INR 5 Lacs: Up to 5% of the sum insured subject to maximum of Rs. 10,000/- per day
 - SI INR 6, 8, 10 Lacs: Up to 5% of the sum insured subject to maximum of Rs. 20,000/- per day
 - SI INR 15 & 20 Lacs: Up to 5% of the sum insured subject to maximum of Rs. 40,000/- per day

8. What are the features other than reimbursement of normal in-patient hospitalization in the policy?

Policy provides coverage for the following additional items:-

- i. Day care Procedures- Medical expenses for day care procedures.
- ii. Ayush Coverage- Expenses incurred on hospitalization under AYUSH treatment.
- iii. Expenses incurred on treatment of Cataract- upto 25% of sum insured or Rs. 40,000/- whichever is lower.

- iv. Expenses incurred on dental treatment and Plastic Surgery – Necessitated due to disease or injury.
- v. Ambulance Charges : Expenses on road Ambulance subject to a maximum of Rs. 2000/- per hospitalization.
- vi. Modern treatment methods and advancements in technology : upto 50% of suminsured for all modern treatments/ procedures combined.

9. Will the policy pay 100% of all expenses? Is there a co-payment?

Co-payment is fixed at 5% on all claims. This means the insured will have to pay 5% of the medical-expenses and Arogya Sanjeevani Policy will pay the rest.

10. What is the frequency of premium payment?

Premium can be paid in monthly, quarterly, half yearly and yearly mode.

11. Is premium variable from place to place ?

No, premium will be same pan India.

12. Can the policy be renewed lifelong?

Yes Lifelong renewability, except on certain specific grounds i.e fraud, moral hazard, misrepresentation by the insured person.

13. Does the policy offer cashless benefits?

Yes.

14. Is there any Cumulative Bonus available in the policy?

Yes, there is a feature of Cumulative Bonus in the policy. If there is no claim in the policy in the complete policy period, benefit of cumulative bonus will be provided. In the next renewal, 5% of the Sum Insured will be increased for every claim free year maximum up to 50% of the sum insured.

15. What are the major exclusions in the policy?

- i. Pre-existing diseases.
- ii. Any hospital admission primarily for investigation/ diagnostic purpose.
- iii. Sex change surgery, cosmetic surgery & plasticsurgery.
- iv. Infertility treatments.
- v. Obesity and weight control.
- vi. Change of Gender treatments.
- vii. Excluded providers.
- viii. Hazardous or Adventure Sport.
- ix. Refractive error, cosmetic dental surgeries.
- x. Unproven Treatments.
- xi. Substance abuse, self-inflicted injuries.
- xii. Breach of law.
- xiii. Treatments received in health spas, nature cure clinics, spas or similar establishments.
- xiv. Dietary supplements and substances that can be purchased without prescription.
- xv. Any kind of admission fees, registration fees levied by the hospital.
- xvi. War (whether declared or not) and war like occurrence or invasion.
- xvii. Nuclear, chemical or biological attack or weapons.
- xviii. Any expenses incurred on OPD treatment.

(Description is illustrative only, and for exhaustive list, please refer the policy)

16. Does this policy cover pre-existing diseases?

The policy covers pre-existing diseases declared in the Proposal Form and accepted for coverage by the company shall be covered only after 4 continuous policy periods.

17. Does this policy pay for expenses in respect of treatments taken outside India?

The policy pays if the treatments and hospitalization is within India.

18. Does this policy pay if I am hospitalized for taking other than Allopathic treatment?

Yes. Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy,

Unani, Siddha and Homeopathy systems of medicines shall be covered up to sum insured, during each Policy year.

19. Can I return the policy if on receiving the documents I find the terms & conditions unsatisfactory?

Yes. The policy provides for a 'Free look period' of 15 days from the date you receive the policy document, only if you have not made any claim. This means within this period you can return the policy. Proportionate premium, after deducting (i) the expenses incurred and (ii) the risk premium (if the Policy has already started), will be refunded.

Free look period is applicable only for fresh policies and not on renewals.

20. Do I get any grace period for renewal of the policy?

Yes. For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace Period and for all other modes of payment a fixed period of 15 days be allowed as Grace Period. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits with Break in Policy. Coverage is not available during the Grace Period. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

21. Will the premium and the terms of the policy remain same on renewal?

The premium rates and the terms & conditions of the policy may be modified on renewal (after due approval from the Insurance Regulatory and Development Authority of India- IRDAI) for which the insured will be informed at least three months in advance.

22. Will this product always remain on your menu?

May be. However, the product may be withdrawn from the market, but only after obtaining due approval from the IRDAI and you will be informed of other suitable products available, to which you may migrate in case of withdrawal of the product.

23. Can I port into this policy without losing my continuity benefits earned under the previous Insurer's policy?

Yes, you can port in to this product and all the credits earned under your previous policy would be maintained, in accordance with the portability conditions prescribed by IRDAI.

24. What are the basic things to be kept in mind while porting a policy?

Portability is allowed only at the time of renewal and not mid-term.

You may port in this policy or port out to some other insurer's policy.

You must approach the insurer where you want in to port, at least 45 days in advance (while porting in or porting out) to avoid any break in the policy coverage due to delays in acceptance of the policy by the insurer.